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Christian Medical Commission World Council of Churches 150, route de Ferney 1211 Geneva 20 Switzerland

REDISCOVERING AN ANCIENT RESOURCE... A NEW LOOK AT TRADITIONAL MEDICINE

by Jeanne Nemec

EDITOR'S NOTE

The impetus for this issue of CONTACT was the wealth of information — treatises, books, articles, repertoires, studies — on traditional medicine flooding into CMC from all around the world in response to questions asked by our Study/Enquiry on the Christian Understanding of Health, Healing and Wholeness (described in CONTACT No. 51, June 1979). In the initial phase of the Study in which people were asked what they were doing in the area of health and healing, traditional medicine emerged as a major theme. Since then, Ms Jeanne Nemec, CMC Study Secretary, has been collecting and digesting all this information and, in this issue, brings some of the threads together, shares some of the insights and from them, distills some tentative conclusions... and more questions. In publishing this review, we wish to thank all the people who contributed material on traditional medicine to our Study and, in particular, the WHO Programme on Traditional Medicine for its willingness to share documentation and sources of information with us.

Cover Photo: WHO/Chinese Ministry of Health

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The editorial committee for CONTACT consists of: Stuart Kingma, Associate Director and Editor, Miriam Reidy, Editorial Assistant and Heidi Schweizer, Administrative Assistant. The rest of CMC staff also participate actively in choosing topics for emphasis and the development of materials: Nita Barrow, Director, Eric Ram, Associate Director (special portfolio: Family Health), Jeanne Nemec, Secretary for Studies, Trudy Schaefer, Secretary for Documentation and Victor Vaca, Consultant. Rosa Demaurex, Secretary, is responsible for the CONTACT mailing list. CONTACT is printed by Imprimerie Arduino, 1224 Chêne-Bougeries/Geneva, Switzerland.

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REDISCOVERING AN ANCIENT RESOURCE... A NEW LOOK AT TRADITIONAL MEDICINE

by Jeanne Nemec

Oxygen masks and gourd rattles, CAT scanners and camomile tea, penicillin and pulverized rhinocerous horn: these are all tools which healers in different parts of the world use to make sick people well again. Sometimes these tools work and sometimes they don't.

When we are ill, we try to get well, using science or faith or a combination of both. How we go about it depends a lot on where we live. "Western" — or "scientific", "modern" or allopathic — medicine speaks with a loud and prestigious voice. It is often spectacularly successful.

Yet two-thirds of the people in the world today depend, either totally or partially, on healing methods their ancestors used. Sometimes it is the only kind of health care available where they live. Sometimes they feel more comfortable with it than with "scientific" medicine which may give a different explanation for an illness and use a different approach to treating it than they are accustomed to. What does this mean? Is it good or bad?

There are many different systems of traditional medicine. Thinking of it as a single entity reflects the over-specialization of Western medicine. In China and the Indian sub-continent, elaborate codes of medical ethics and training programmes have been developed along with centuries-old medical libraries. In Africa, Australia, the Pacific and the Americas, traditional healing knowledge is transmitted orally from father to son, or mother to daughter. Folk healers, or "medicine-men", include traditional birth attendants and specialists in treating mental illness or bone fractures. Diviners and priests perform acts of healing just as surely as do physicians, for whom they may often be hard to explain.

Traditional — or indigenous or folk — medicine is the sum of knowledge and practices, based on practical experience and observation, which have been handed down from generation to generation. Traditional healers may use medicines made from local plants, minerals or animal substances. They may prescribe massage, exercises, acupuncture or special diets. They may use sacrifices and purifying rituals of a religious nature. All these procedures reflect the beliefs and attitudes of their community about what causes illness and how to prevent it, and about what being healthy means.

A vast treasure-chest of healing practices on which millions of people depend, reflecting their own understanding of health, is traditional medicine one more bandwagon to jump on? The drums have an enticing beat... and the stories are so good...

Advantages and Disadvantages

The prime advantage of traditional medicine is that it's *there*, an immediate, existing source of health care for people where they live, and a precious resource for spreading this care over as wide an area as possible, working together with Western medicine, whose own resources are too limited to be able to meet the world's health needs all by itself by the year 2000, as WHO envisages. That is only twenty years away.

Second, folk medicine is usually *wholistic:* concerned with the patient's mind and soul as well as body, treating people in the context of their relationship with their families, their communities and with their gods or God. Relationships between patient and healer are usually very close and intense and the active participation of the family and neighbours is a crucial part of treatment. Western-trained medical professionals, in contrast, sometimes treat patients like a skinful of isolated, ailing organs, and people are looking for alternative kinds of care. This quest may account for the growing interest in herbal medicines and other folk remedies, and particularly, in wholistic clinics, such as

"but the deepest foundation of all medicine is Love."
– Paracelsus,
late Renaissance physician.

those initiated by Dr Granger Westberg and others in the US, and by Dr Tony Allen in Jamaica. This shows that, like primary health care, the wholistic approach has a positive contribution to make in the industrialized world as well.

Familiarity is another advantage of indigenous medical systems whose practitioners are usually men and women known, respected and trusted in their community and whose methods fit in more comfortably with local beliefs and customs than do unfamiliar "foreign" attitudes to pain and suffering, to birth and death.

The effectiveness of a great many traditional healing practices should also be noted. They *work*. While not all are equally effective, this cannot, after all, be said for any healing system. Many herbal remedies are very active pharmacologically and, when combined with a wholistic approach by a trusted, neighbourly healer, it should not be surprising that many people consult traditional practitioners as a first resort.

Traditional medicine is *part of people's culture.* When it receives even semi-acceptance, after having been looked down upon for such a long time as simple superstition, this is an acknowledgement of the value of that culture, a redressing of a balance too long tipped by arrogance and ignorance. This recognition can help to bolster the self-confidences of indigenous people. Folk medicine can also encourage *self-reliance* since it is frequently preventive, stressing the importance of diet, exercise and rituals, all of which may have real therapeutic value.

Finally, folk medicine is almost always *cheaper* than its Western counterparts, and folk healers more accessible than Western-trained medical doctors inside their imposing hospitals. Traditional drugs are usually made from local plants and other substances and are less costly than imported medicines.

"What is more respectable than to take care of oneself within one's own means?"
– Dr R.H. Bannerman, World Health Organization

The disadvantages of traditional medicine are often easy to see: instruments and substances used are not standardized according to hygienic and scientific criteria. There may not be a lot of hand-washing. Plants are known by different names in different countries. There is a lack of precision and standardization in dosage and preparation and, when folk remedies are combined with "Western" drugs, the result can be harmful. They are easy to adulterate so their efficacy is reduced. This can happen as people move away from their tightly-knit communities where healers are accountable to their communities and have been held in great respect. In cities, there may be a certain prestige in going to a Western-trained MD, but for some illnesses, people still consult a traditional healer who may be a total stranger without the constraints imposed by community trust.

The World Health Organization (WHO) and many of its member states would like to see traditional healers and health professionals working more closely together. But since money and prestige are involved, along with a different understanding of what actually *causes* disease, personal frictions often arise. The integration of the two medical systems has, so far, been difficult to achieve except in the People's Republic of China, India and a few other Asian societies.

Finally, some folk practices are downright harmful. When society demands that someone must bear the blame for causing an illness, a vicious circle of vengeance can start. Putting dried cow dung on the stump of a newborn baby's umbilical cord can cause tetanus. Traditional birth attendants in some countries do this because of the desiccating properties of cow dung which facilitate early separation of the cord. An effort is made to upgrade and integrate traditional midwives into their countries' health care systems, medical professionals start with practices such as this and explain the danger of infection and the resulting high neonatal mortality and morbidity rate. Romanticizing harmful practices doesn't do people a favour. Without the controls of a traditional community, folk healers may feed on the desperation of the sick and their families, particularly those who are poor and uneducated. It can be a happy hunting ground for charlatans.

WHO and Traditional Healing

The World Health Organization takes traditional medicine seriously, both its advantages and disadvantages. The programme to promote and develop indigenous health systems and to investigate their remedies was set up in 1977

and its first director was Dr H.T. Bannerman, a Ghanaian. Its aim is "to foster a realistic approach to traditional medicine, to promote and further contribute to health care; to explore the merits of traditional medicine in the light of modern science in order to maximize useful and effective practices and discourage harmful ones; and to promote the integration of proven valuable knowledge and skills in traditional and Western medicine." WHO has sponsored or cooperated in regional meetings on indigenous medicine in Africa, Asia and Latin America where information-gathering is the first priority.

"The wise and experienced clinician never spurns an 'old wives' tale' until he has good evidence for doing so."
– The Practitioner, *Pakistan*

Member governments have already begun to follow up WHO recommendations. Surveys are being made of indigenous drugs in many countries; counts are being taken of traditional practitioners and information is being gathered on how they are trained. Research institutes of traditional medicine and pharmacopoeia exist in a number of countries in Africa, in China, the Indian sub-continent, in southeast Asia and Latin America. The Organization of African Unity (OAU) has given strong encouragement to this research in its region where traditional healers are forming their own professional societies and, in some countries, have begun to introduce a licensing system. Such a system has operated for many years among the indigenous healers of Asia. "Medicine-men" and midwives are gradually being enlisted in primary health care programmes.

The question of how the benefits of traditional medicine can be maximized and its harmful aspects eliminated, is one we should like to come back to later. For the moment, let us take a closer look at some established traditional medicine systems being practised on a regional scale today.

"The Science of Life"

There are more than 600 million people living in the Indian sub-continent. The majority of them turn at one time or another to indigenous practitioners of ancient medical systems which are native to this and surrounding regionst-Ayurveda, Unani, Siddha and Yoga. For all of them, *balance* is the key to health – balance among the humours of the body, balance between the body and spirit and mind, balance in one's appetites.

"Ayurveda means science of life... the living man is a conglomeration of three humours, wind, bile and mucous... the system is not merely a compendium of therapeutics based on herbal, animal and mineral resources. It is also a philosophy of life and living... a kind of science as practised by the ancient Aryans about 3000 years ago and based on the Hindu scriptures, *Atharava-ved,*" explains Hakim M. A. Razzack of India. (*Hakim* is a title synonymous with doctor.) "Ayurveda looks at diseases as a state of disharmony in the body as a whole", he continues. In addition to using medicinal herbs, it also prescribes the self-disciplining exercises of Yoga and meditation which are often effective for both physical and mental ailments. The traditional medicine system in Burma has its roots in Ayurveda too.

Hamdard Medicus, Pakistan
13th century Islamic manuscript illustrating the preparation of medicines.

The *Unani* (or Tibb-Unani, literally, Graeco-Arab) system originated in Greece and grew out of the teachings of Hippocrates and Galen. It was developed into an elaborate and eclectic system by the Arabs, and by the 15th century, it had spread through Europe and Central Asia, as well as into north Africa and the Near East. One of the luminaries of Unani was Avicenna of Córdoba whose *Canon of Medicine* was the medical bible of europe and much of Asia for more than six centuries. Like Ayurveda, Unani is based on the humours theory and lays stress on a healthy environment.

Siddha is similar to Ayurveda, and it is confined mainly to South India where the Tamil language is spoken.

Yoga is a philosophy as much as a body of health practices. It dates back to the fourth century before Christ, to the Vedas and the

Upanishads, and puts great emphasis on proper diet, on cleanliness of one's person and surroundings, correct breathing and meditation which allows a person to withdraw, training the mind and body to withstand external and internal stress.

In India alone, there are now 108 colleges teaching Ayurvedic, Unani, Siddha and Yoga medicine at an undergraduate level and 22 post-graduate institutions or departments. The Central Council for Research in Indian Medicine and Homeopathy, established in 1969, is studying diet regimes, disease proneness, indigenous contraception, medicinal herbs and drug standardization. Over 240,000 persons are registered practitioners of Indian indigenous medicine.

There are 10,000 registered practitioners in Sri Lanka where the traditional systems meet the basic health needs of about 70% of the population. In Pakistan, there are 8 Unani-Tibb government-supported colleges and well over 6,000 physicians with Unani degrees, plus some 35,000 unqualified *hakims* in rural areas, many of whom are enrolled in training courses. The National Health Laboratories and the Pakistan Council of Scientific and Industrial Research are also engaged in the study of indigenous medicine and are at present working on a plant-based drug for treating leukemia.

Unani and Ayurvedic medicines continue to be used by emigrant Indian and Pakistani families. Their drugs are sold in pharmacies or by mail order, and itinerant *hakims* ply their trade throughout the British Isles. "Many Asians in the United Kingdom are culturally and religiously conditioned to regard health in terms of value," explains Anthony Biro in *Participative Medicine.* "They reject a health care system whose aim is felt to be pathology-centred."

Chinese Medicine

The beginnings of Chinese medicine are veiled in legend. Shen Nung, an emperor during the Third Millenium BC, known as the Divine Husbandman, was deified as the god of agriculture because of his gift of rice to the people of China, as well as of healing plants. Shen Nung is also credited with compiling the country's first "Great Herbal" (Pen Ts'ao), which contains descriptions of vegetable, animal and mineral-based remedies.

Hamdard Medicus, Pakistan

19th century miniature depicting the great Chinese botanist Han Kang (2nd century AD).

China has its own Canon of Medicine (Huangdi Nei Jing), compiled between 475 and 221 BC, the first of a vast and venerable library of medical treatises. Acupuncture, moxibustion and cupping have been used in China since the Stone Age. Moxibustion is done by applying the ashes of dried moxa leaves (*Artemsisia Vulgaria)* to special points, which produces a warming or even a burning sensation which is therapeutic. The woolly moxa ash can also be mixed with ginger, salt or garlic for treating certain maladies. Cupping, another ancient procedure also used in Europe, is helpful in treating local congestion by vacuum-suction.

When people learned how to cast bronze during the Chang Dynasty (16th-11th Century BC), needles could be made which allowed the development of acupuncture as we know it. Faculties of acupuncture and moxibustion were founded at the Imperial Medical College during the Tang Dynasty (618-907 AD). Acupuncture is being used today to treat some 200 ailments and for major and minor surgical operations; acupunc-

"Yin *and* yang... *are the two forces of energy in the body... and in the universe... day and night, hot and cold, happiness and sorrow, life and death."*
–M.R. Marana, RN,
Introduction to Acupuncture

ture anaesthesia is even being used successfully in paediatric surgery.

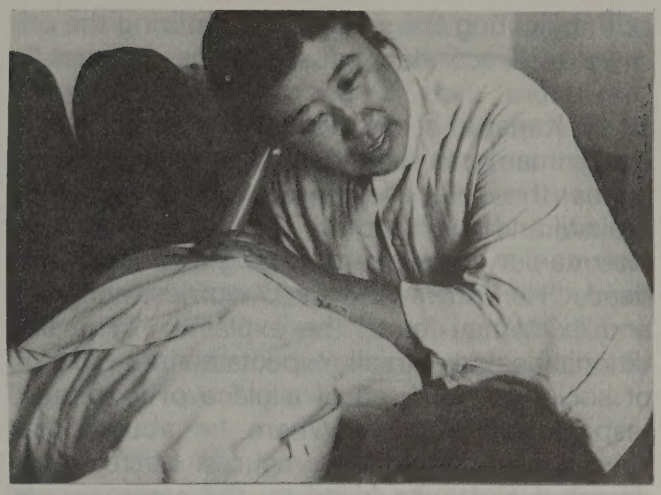
China and Vietnam offer a good example of how people's health care is improved when traditional and modern medical systems work together, deployed throughout the countryside by "barefoot doctors". People are taught to look after themselves by these primary health care workers and through their own efforts, they have begun to eliminate the "four pests", rats, flies, mosquitoes and bedbugs. Schistosomiasis has recently been brought under control in certain parts of China by the mass destruction of snails.

Experimental stations and research institutes throughout China are investigating medicinal plants and folk remedies, including two which are claimed to be successful in treating diabetes mellitus and rheumatoid arthritis. Some tried and proven medicines are now included among the drugs used by primary health care centres in other Asian countries.

"Why You? Why Now?", the African Healer Asks

Terminology has gotten in the way of understanding African folk medicine and surrounded it with a pall of the occult, of superstition. In the culture of this vast continent of many faiths, disease, misfortune and death are commonly believed to have supernatural causes which in turn have religious dimensions. Health is considered a social and cultural concept rather than simply a matter of germs and viruses. "Even after 400 years of Western cultural invasion, the African mind has not changed much in this respect," says Nyansako-ni-Nku, a pastor/journalist from Cameroon. The ultimate cause of an illness can be an evil spirit or one's own ancestors punishing one for an offence. It is the task of the medicine-man to discover the cause — to diagnose the disease.

Dr Masamba ma Mpolo, a theologian from Zaïre, warns that "the traditional healer must be clearly distinguished from the witch or witchdoctor, the magician or diviner. A witch wishes misfortune upon a person. A witchdoctor's main function is to find out who has caused a person's illness or death. The traditional healer is a physician who acts as an intermediary between the known and the unknown, between the living and the living-dead... he has special place in the community.



WHO photo by D. Henrioud

A barefoot doctor listens to the heartbeat of the unborn child.

When the harmony of the relationship between the living and the living-dead is disturbed through misconduct or neglect of some ritual connected with birth or death, illness may result and the traditional healer is called in to restore the broken harmony."

Medicine in Africa is used to treat both physical and psychic illness. It is also used preventively, to neutralize sorcery, for protection against possible disease-carrying agents (mainly other human beings and, to a lesser extent, spirits), and to remove impurities caused by broken taboos. It is used to ensure success and prosperity, for punitive purposes, to exorcise evil spirits and to eradicate witchcraft.

In African societies, traditional medicine is a broad umbrella which shelters the herbalist, the diviner who diagnoses the cause of an illness, the bone-setter and the priest of indigenous African churches (see page 10). Ancestral spirits are present everywhere (the "living-dead"). "When someone falls sick or is struck by a misfortune, the question which is uppermost in his mind or that of his relatives, is, 'Who caused it?'", observes Dr John Mbiti, writing on African traditional medicine. "This is a different question from that of Western medical practice which might only ask, 'How has this been caused?' or 'What has caused it?'. It is very important and necessary for African peoples that the *who* question be answered so that, having established the primary cause, the secondary causes may also be established, whether they be bad words, curses, magic, sorcery or witchcraft," Dr Mbiti continues. "Only after establishing the causes is it possible to apply the right medicine to put things right,

both by curing the sick and neutralizing the primary and secondary causes of the sickness."

Dr P. Kapapa, a psychiatrist on the staff of a government mental hospital in Malawi, describes the role of the traditional healer in Malawi and neighbouring Zambia as that of an intermediary between the living and the living-dead. "He knows their deep worries, anxieties and existential fears," he explains. "(The traditional healer) is in all respects an integral part of society... assured of a place of influence, respect and dignity. Where he abuses this special place in society, he can be rejected, deserted and even killed by the same people that once paid him homage."

In Africa, many people are reluctant to go to Western-trained doctors because it often takes too long for their methods to show results. The more painful the treatment, the stronger people's trust is in the efficacy of the medicine. The quantity of medicine given by "scientific" doctors seems small by traditional standards. It is commonly believed that hospitals can treat only minor illnesses, not serious ones like a stroke, sudden mental disorders and ailments in which spirits are believed to have had a hand. Frequently, it is only after traditional treatments fail that a patient is taken to hospital and then it may be too late, reconfirming suspicions that hospitals aren't much good. And the reverse is also true. Often, people are taken to a traditional medicine-man when hospital treatment has failed to cure them.

Writing in *West African Religions*, Dr S.N. Ezeanya names three main categories of persons who promote traditional religion: the *priest*, the *diviner* and the *medicine-man*, whose functions dovetail. But it is the latter whose function is healing. It is a calling usually passed on from one generation to another and one which is held in great respect. Once the causes of a disease or accident have been determined by the medicine-man and the appropriate medicine chosen (made from roots, leaves, bark, seeds, minerals, charcoal, insects, bones or parts of animals), it must be administered with ritual. "It is believed," states Dr Ezeanya, "that in healing, as in every other aspect of human endeavour... no medicine has any effect unless God and the powers above man approve." Africans are often disappointed, he says, when they go to a doctor and see no libations poured, no incantations and no prayers said publicly to aid the doctor.

"The medicine-men are the greatest gift and the most useful source of help... he is the friend of the community."
– Dr John S. Mbiti, introduction to Mirau and His Practice

While death is accepted as inevitable, and supreme value is attached to life and anything that promotes, prolongs or makes it more abundant, disease is an ever-present, much-feared threat for the African. Kofi Appiah Kubi, a social scientist from Ghana, tells us that "African societies are rife with medicines which deal with a host of human problems, be these spiritual, supernatural, natural or physical... For the African, health is symptomatic of a correct relationship between oneself and one's environment... (it) is associated with good, blessing and beauty... illness, on the other hand, shows that one has fallen out of this delicate balance... Health and disease are inextricably connected with socially-approved behaviour and moral conduct." The African tradition considers disease as a state of disharmony within the whole body and within society, Mr Appiah Kubi says, and does not focus as sharply on the individual patient as does Western medicine.

Graveyards tell a lot about how people feel about death. In Zaïre, they are a favourite place for family gatherings, reflecting the African attitude which sees body and spirit as part of a single whole – the human person. The cemetery is "a source of hope... a place where one wipes away fear... a door to the world of one's ancestors", Kimpianga Mahaniah, an ethnologist from Zaïre, tells us. With its elaborate monuments and tombs, the cemetery occupies a place in Zaïrean culture similar to that of the cathedral in medieval Europe. Like Zaïrean funeral rites, it has a therapeutic function.

"'Is it true,' they ask, 'that you believe
That the souls of your fathers hover around you,
In and out, wherever you go?'
Ah... yes...! it is true
They are very present with us;
The dead are not dead, they are ever near us:
Approving or disapproving all our actions,
They chide us when we go wrong;
Bless us and sustain us for good deeds done..."
– from I Am an African,
by G.M. Setiloana

Attitudes Toward Health and Illness in Other Cultures

On the other side of the globe, we find similar views. Analyzing attitudes toward healing and

wholeness in Melanesian society, Theodore Ahrens, a German theologian, points out that "Western medicine as administered in hospitals, seems to be focusing more on organic defects and is less interested in the moral problems which confront a patient and his family. For this reason, treatment in a modern hospital, though often helpful, does not allow the patient to bring his history of wrong-doing, ill-fate and failure into the open and to achieve a sense of liberation as is implied and demanded in his notion of health and salvation... Ritual —even if the results remain inconclusive— provides a symbolic level of action where people can get emotionally involved. In the course of the performance of such rituals, they can repeat... the contradictions in which real life caught them. Ritual helps to give new meaning to meaningless situations."

These rituals have to do with *confession, reconciliation* (being bathed or sharing a meal), *divination* and *appeasement.* Parallels can be found in other religions and cultures and in modern psychotherapy.

A survey was conducted in Papua New Guinea a few years ago by the Health Planning Unit of the government Public Health Department to determine what health means to the people of this country, most of whom are rural. The questionnaire went out to colleges which arranged interviews with tribal groups, to churches, to nurses, orderlies and villagers in different parts of Papua New Guinea. The resulting analysis confronts the traditional Papua New Guinea view with the "Western". Since here, as in Africa, spirits have a great deal to do with health, observing customs is very important for keeping spirits happy. One of these customs is that one must keep one's house clean and yard grass cut so there is no hiding place for poisons or sorcerers. Social ill health is considered more important than physical because it signals a disruption of the social order, of the laws and taboos of the community. Papua New Guinea is a land of many languages and so there are many words for "health", but most of these words have to do with absence of disease, with being productive and useful, observing social values and respecting elders, avoiding taboo and not being self-centred. Being healthy carries with it great prestige.

A practical conclusion of this survey was that most rural Papuans are afraid of hospitals; one's very presence in a hospital is a sign that the social order has broken down. They much prefer to be cared for by their families rather than by strangers and if they must die, Papuans want to have their family around to placate spirits. Friends and relatives are important in helping to diagnose an illness because they are more likely than a strange doctor or nurse to know how it came about, who caused it, and why. One of the moving spirits behind this survey was Dr Peter Strang, a CMC Commission member, now practising medicine in his native New Zealand.

Among the Aborigines of Australia too, the involvement of the relatives of a sick person in the therapeutic process is felt to be essential, something the average "modern" hospital is not geared to do. The Aborigines believe that the illness of an individual affects the whole tribe. For example, when an Aboriginal child grows tall, this is seen as evidence that his or her spirit-existence is growing and becoming part of the tribe. Sickness in a child, on the other hand, means that his or her spirits have become smaller.

A pastor in West Australia, the Rev. A.T. Peile, has written about *A Desert Aborigine's View of Health and Nutrition.* In it, he says that "the notion of being cold and dry is the essential concept... very different from our Western ideas with physiological foundation, where a *balance* —not too warm and not too cold— is considered to be health." The desert Aborigines among whom Rev. Peile works, object to being told all the time that they must "be healthy". This is a "white-fellow" concept, they feel. "If medical staff told people that such and such a medicine or tablet would make them 'dry' or 'cold', I think that they would react to the medication in a quite different way", the Australian pastor suggests. "They would then not spit out tablets after leaving the dispensary."

"Long ago, in the time of the Dream... there was no death. People lived in happiness upon the earth; food was plentiful and the soft wind was sweet in the baobab trees. But death came and the Dream ended."
—from Time Before Morning, Art and Myth of the Australian Aborigine

Public health nurses often report difficulties in working with the Aborigines. But Dr James C. Taylor of James Cook University, Queensland, claims in an article in *The Arboriginal Health Worker* that this is because of their different concepts of the body and of disease itself. The Aborigines living around Edward

River believe that sickness is closely linked with a person's culture and to the land he lives on. Hence, they also believe that cures which work for one culture, need not necessarily work in their own and so they feel free to reject such cures, in one way or another.

People living in traditional societies usually make no distinction between preventive and curative medicine. The Ifugao people of the Philippines, for instance, believe that the best way to keep from getting sick is to bargain with spirits to keep illness away. Among the Malayans, we hear again the familiar word "balance" — between "soul" and "shade", between the "above" (spirit) and "below" (earth). When this balance is disrupted and illness results, a traditional practitioner heals by means of a trance.

Homeopathy does not qualify as traditional medicine, but it does deserve mention here as a system practised in many countries parallel to "scientific" and folk healing. The word comes from the Greek *homeo*, which means like or resembling, and *pathos*, or disease. According to *Dorland's Illustrated Medical Dictionary*, it is a "system of therapeutics founded by Samuel Hahnemann (1755-1843) in which diseases are treated by drugs which are capable of producing in healthy persons symptoms like those of the disease to be treated, the drug being administered in minute doses."

Traditional Birth Attendants

According to WHO estimates, about two-thirds of the babies born into our world are delivered by traditional midwives or birth attendants (TBAs). "Working in a world of scientific ignorance, with skills developed through trial and error, the TBAs are very deeply rooted in cultural practices... the least we can do... is to encourage these women, give them a modicum of training and the recognition which is long overdue," a WHO report states.

During the past 25 years, they have begun to receive official recognition in a growing number of countries, among them Ghana, Indonesia, Malaysia, Pakistan, Philippines, Sudan and Thailand where they are being used in the national health services. The TBA does much more than simply deliver babies. She often instructs the young mother on food preparation, on child care and prescribes herbal remedies during pregnancy. In an increasing number of countries, traditional midwives also give advice on child spacing.

Writing in CCA's *Health Notes*, Dr Lucia Tarigan describes a training course for *dukuns* in the Tawaeli District of central Sulawesi (Indonesia). Village mothers and community leaders together chose a total of 55 local *dukuns*, ranging in age from 40 to 60, to attend the course. All were illiterate and on an average, delivered between 10 and 20 babies a month. Their villages contributed toward paying for supplies — a pair of scissors and simple medicine to care for the umbilical cord. These women wanted to have some kind of illustrated handbook to take home with them so their children or grandchildren could read it to them. Dr Tarigan prepared such a manual which was published by the women's organization at Tadulako University in Palu, Sulawesi.

Similar orientation courses have been given in the Cameroon. Last year, over 120 TBAs received training, among them many men. Addressing graduates in Bamenda, northwest Cameroon, Dr Fouching Gabriel, director of health services in the Northwest Province, said that the purpose of these courses is "to make you do what you have been doing in the best way possible: to make you know in good time what may be beyond you and needs to be entrusted to better hands, aided by better equipment, and, finally, to let the modern and traditional procedures complement each other."

Village midwives are known as *dais* in India. A training programme, organized in India by the Miraj Medical Centre, offers 3-day courses for women from some 52 villages in the district. Keeping in mind the actual practices of the *dais* and not trying to change "too much too soon",

CONTACT No. 44
Training of Dais.

these women are given the elements of good prenatal, intranatal and postnatal care, basic cleanliness and hygiene, taught to recognize danger signals during pregnancy and labour.

They are also given the basics of health education with flash cards and flannelographs and taught to serve as motivators for family planning. Originally, it was hoped to have week-long courses, but the *dais* found it difficult to neglect their own households for so long. During the courses, they receive two rupees a day plus lunch and bus fare. Upon completion of the course, they are given a "dai bag" containing towel, soap and an autoclaved delivery pack with a razor blade, thread, iodine solution and gauze for the umbilical cord. Previously, most *dais* used a sickle or a kitchen knife to cut the cord. For each delivery in which she uses the delivery pack and which she reports to the auxiliary nurse-midwife in the district, the *dai* receives a fee and another pack.

The dissatisfaction with "scientific" medicine in industrialized Western countries is being strongly voiced among women who would rather have their babies at home. Not only is it cheaper and less alienating, but even doctors agree that, in terms of hospital space and professional staff alone, it is unrealistic to push for hospital deliveries at all cost. Interest is also being shown in finding out more about traditional delivery procedures. An article in *The Lancet* questioned "Obstetric Delivery Today: for Better or for Worse?", citing discontent among British mothers with the customary prone position. In cultures as different as the Brazilian Indian, the North American Iroquois and Persian, women squat or kneel.

A Korean delegate to the recent conference on traditional Asian medicine, held in Australia, criticized modern maternity services which seldom take into consideration traditional, non-Western values. Problem births occur, he said, when the Western-trained obstetrician or midwife comes into conflict with the belief that childbirth should have nothing to do with doctors and hospitals.

Mental Health

Mental illness is often a sign of imbalance or disharmony in one's relationships—with oneself, one's family, one's community, with one's world, which may seem to have lost its meaning. Traditional medicine is concerned with restoring balance and harmony in terms of the beliefs and values of its culture.

WHO Photo by J.O. Mume
Healing ritual. Nigeria

In treating the mentally disturbed, a traditional healer frequently involves the whole community because, when one of its members falls sick in this way everybody wants to know why. What laws and taboos have been broken? Treatment is rarely private. Sometimes it is done in the patient's home with members of the family present. Sometimes it is done in a special shrine. In Sudan, some of these shrines have become therapeutic villages where patients may stay for many weeks. The healer may specialize in treating mental illnesses, at the same time functioning as a herbalist or priest.

The attitudes of traditional medicine toward mental illness are different to those in industrialized Western countries where, all too often, the community draws away from a mentally troubled person, the person's family feels ashamed and he or she is "put away" in an institution, isolated from the "normal" world.

Dr T.W. Harding, of WHO's Division of Mental Health, enumerates some of the techniques

used in treating mental illness. *Meditation* and *relaxation* are widely used, especially in Asia, with the healer guiding the patient through certain postures and breathing exercises, then mental exercises which combine to induce physiological changes. *Body contact* (massage, caresses) is important and so are *trances,* particularly in Africa, the Caribbean and South America. This is almost always a group activity, induced by dancing or swaying to the beat of drums, after which the patient may do what Christians call "speak in tongues", then fall to the ground, unconscious. *Dancing* is often a part of treatment itself. The melodies and movements of the dance, performed by the healer, may act out scenes or themes from the patient's life or that of his family. Dr Harding describes the wide variety of *rituals* which may include "the wearing of a special dress... the sacrifice of animals... prayers or incantations, and sessions of self-flagellation. Their purpose is to enable the great mysteries of life to be acted and expressed in real terms." *Herbal remedies* are often psychoactive (like *Rauwolfia* alkaloids used in Ayurvedic and African folk medicine alike) or used deliberately as placebos, or they are symbolic—the imbibing of beneficial force, for instance.

Some traditional techniques are not so unlike those used in Western psychotherapy. In India, the healers who treat mental illness are usually men, and they too use trances, induced by music, alcohol or cannabis. While in a trance, the healer seeks to "unravel" the causes of his patient's illness by talking to him. Dream interpretation is also used by traditional healers. The dancing that goes on, sometimes for three days and nights, in the company of friends and family, is not unlike group therapy which has become popular in the West, although that is usually done in an institutional setting and participants are strangers to one another. This technique, helpful as it might be, is hardly replicable into a high-rise housing project where people often don't even know their next-door neighbour.

Dr Masamba is critical of Western-type, Christian-oriented hospitals in Africa for their treatment of persons who are mentally ill—"bewitched". Their traditional beliefs, religious practices, values and relationships are often ignored by the medical staff who treat them as "things, rather than persons".

Dr Masamba describes the treatment of mental illness within the African prophetic churches. *Diagnosis* is one element: giving the illness a *name* in terms of the patient's own beliefs and values. This is an important step toward reassuring him or her. *Suggestion*—direct or through ritual, symbols and testimonies—is another. *Confession,* often accompanied by rituals of group forgiveness and of atonement, is important. And there is also *social conditioning:* "milieu therapy... helping the community to change its attitudes toward the patient as well."

The Aladura Churches in Nigeria are an example of such a prophetic, indigenous African Christian church which at first rejected both traditional and Western healing. This stand has been somewhat modified. Their treatment stresses loud, vigorous, declamatory and repetitive prayer. Confession is also important, as are holy words, holy water and holy oil. Patients are sometimes urged to move away from home for a while, and particularly to go to an Aladura "faith home"—"a place of protection, refuge and hiding from the wicked... a place of spiritual revival ... and also bodily and spiritual healing". Candles are burned, symbols drawn and charms are even distributed, together with the application, externally or internally, of holy water or holy oil.

"Is there any one among you suffering?... Is any among you sick? Let him call for the elders of the church and let them pray over him, anointing him with oil in the name of the Lord and the prayer of faith will save the sick man... Therefore confess your sins to one another and pray for one another that you may be healed."
–Epistle of James, 5:13-16

Faith Healing

Traditional medicine resists neat categories. As our mind and body and environment interact, so do these healing procedures and their practitioners. It is sometimes hard, for instance, to say where traditional medicine ends and spiritual, or faith, healing begins. The latter is to be found in every culture where people get sick, regardless of what name they use for God. The growing popularity of the charismatic movement within the Christian world seems to indicate that people want something which neither the medical profession nor the mainline Christian churches have of-

"In both the Eucharistic and psychotherapeutic experiences, the catalyst is touching or being touched... Touching is tactile, visual or auditory. It is not only the catalyst, but the glue that holds the community together."
–from a letter to CMC from Dr C.E. Midelfort, Chicago, USA

fered, even though healing was an important part of Jesus's ministry on earth. The charismatic movement encourages people to express emotions; "it makes you *feel* better," explains a woman pastor from Canada. Also, it encourages everybody in the congregation to participate in the healing service.

Faith healing within the Christian community, whether sought through a charismatic preacher, in "healing homes", through purifying rituals and the laying on of hands or in small prayer groups, is too complex to be more than touched on in this overview of how traditional medicine fits into health care systems today.

Just as we may have many "yes, buts" about traditional medicine, so we may question or be put off by certain aspects of faith healing. But because of its wide appeal, especially to poor and desperate people—people whom Jesus loved—it must be taken seriously and considered honestly in the framework of Christian health care.

"Medicine Chest of the Poor"

Some of what we put under the heading of traditional or folk medicine, is too deeply rooted within a given culture to be readily transplanted. But is does have certain contributions which can be "exported" very successfully, and to everybody's benefit. Herbal medicine is one.

In response to a decision taken at the World Health Assembly in 1978, an inventory is being compiled of plants used for therapeutic purposes, in Western and traditional systems. This list already contains some 20,000 names of medicinal plants used in 90 countries and from it, an initial inventory will be published of 228 plants most widely used and whose pharmacological effect has been proven. Since the same plant is often known by different names even within the same region, it will be an immense task to standardize the botanical nomenclature and to set international regulations on plant identification, and on the purity and strength of their extractions.

"In poison there is physic..."
– Nicander of Colophon, 2nd Cent. BC Greek poet and physician

The most common folk cures in the world are herbal teas and infusions. Thais and Germans, Tanzanians and French, people on opposite sides of the globe, all have plant-based brews which they swear by to cure a variety of ills. American Indians and Slavs tend more to use the leaves, bark and nuts of trees. CMC Commission member, Dr Noboru Iwamura, who worked for many years with the United Mission to Nepal, was convinced of the efficacy of herbal medicine after he was cured of a serious intestinal infection by the people in a village in the Philippines. They gave him infusions of leaves from the rhododendron, a mountain bush whose healing powers have been revered in Ancient Greece as well.

WHO Photo by Dr F. Perabo

A pharmacist from the Ministry of Health checking herbs on sale in the market. Mali.

Dr Oku Ampofo is director of a research centre for herbal medicine in Ghana. He tells how people living in the bush, far from any hospital, stop arterial bleeding. They chew the leaves of a certain plant into a pulp and apply it to the wound, then cover it with a bandage. "The leaves have an antibiotic effect on the wound and you get a clean healing in three days," Dr Ampofo reports, suggesting that a salve might be made out of these same leaves, or a sterile, plastic-packaged poultice which could be given to village health workers for their kits.

Similar herbal poultices have also been reported from China.

The preparation of plant medicines is usually the result of centuries of accumulated experience. Dr Ampofo counsels humility: "The Western world does not yet know how fully to analyze a plant. There are certain enzymes we cannot isolate, but which we know do useful work."

During a recent conference of health workers in the Philippines, participants agreed that they need to know more about local folk medicines. Tuberculosis, malaria and schistosomiasis are serious health problems there, as they are in many developing countries, and health services are dependent on high-cost drug imports. Folk medicines could provide an alternative, based on locally-available plants. The United Nations Industrial Development Organization (UNIDO) held a seminar in 1979 at the Central Drug Research Institute in Lucknow, India, on this very question. The technology for extracting and purifying medicinal plants is simple and inexpensive, participants concluded.

In Malaysia, herbalists make an infusion from hibiscus leaves, turmeric, ginger and other plants and use it to treat drug addiction, often combined with certain rituals prescribed to meet the patient's spiritual needs. This "tea", along with a fruit-based substance used as a sedative during the withdrawal phase of drug addiction, are being studied now at the National Drug Dependency Research Centre in Malaysia. Elsewhere, acupuncture is also being used with some success in treating drug addiction. Research is also under way in the Philippines on a powder obtained from a jungle plant which is reported to render women infertile for up to four years.

Mexico's IMEPLAM (Centre for the Study of Medicinal Plants) concentrates on finding out whether the therapeutic claims of folk medicines are valid. To do this, its staff work closely with traditional healers, which allows for a feedback of their findings (about harmful side-effects) to the healers themselves and to communities. IMEPLAM's research teams include physicians, sociologists, anthropologists, botanists, chemists, pharmacologists and folk healers. The information they glean is stored in a computerized data bank of Mexican medicinal flora. Priority is being given to research on common Mexican plants with anti-parasitic, anti-diabetic and cardiovascular properties.

In Zaïre, Le Centre Spécialisé de Médecine des Guérisseurs and L'Institut de Recherche Scientifique are conducting similar studies on herbal remedies and plan to compile a traditional Zaïre pharmacopoeia. The Centre publishes a quarterly bulletin. Its botanical section has stressed the need for measures to protect certain endangered species of medicinal herbs, including legislation to control illicit sales of such plants as quinine, *rauwolfia, voacanga* and the like, which are in great demand by modern drug companies. Citoyen Bayona ba Meya Muni Kimvimba, head of the Supreme Court and professor of law at the Université National de Zaïre, has drawn attention to the draining away of the secrets of traditional medicine. He heads a commission that will draft new legislation on traditional healing in Zaïre, stressing the need for collaboration with modern medicine, and for protecting medicinal plants from extinction.

"To achieve any success in the field of research into traditional medicine, we have first to acquire our knowledge from the traditional healer himself."
– Dr Oku Ampofo, Ghana

Questions arise about what will happen to traditional medicine as life styles change in the developing countries. Some interesting answers are suggested in a booklet, *Traditional Medicine in Zaïre*, which is an English-language summary of a lengthy report published by the Institut de Recherche Scientifique in Kinshasa. It was prepared with the support of the International Development Research Centre of Canada. The booklet describes modifications in traditional treatments which, in Zaïre, have accompanied the shift away from the villages and toward the towns. Healers too are moving away from their sources of plants and other ingredients. Many now prefer administering their medicines in Western forms — as capsules and tablets, injections, suppositories and syrups. Changes are occurring too in the orientation of these folk healers. Rituals are centred more on the individual patient, with family members acting as assistants rather than active participants.

There are a number of reasons standing in the way of an unqualified "yes" to herbal remedies. Besides the lack, as yet, of a standard nomenclature, the quality of raw materials varies widely and often depends on the time, place, selection and conditions under which the plants are stored and preserved. Quality control is a major problem, and it is relatively easy to adulterate herbal preparations. Since not all the

properties of even the most strikingly effective remedies are always fully understood, caution is required in their application on a wider scale. The "wonder drug", Reserpine, for example, made from a plant found in the Indian subcontinent and in Africa called *Rauwolfia serpentina,* was discovered by a Unani *hakim*, Ajmal Khan. Besides being a boon for persons suffering from high blood pressure, however, this bonanza has had unwelcome side effects.

In an article in *Health Notes*, published by the Christian Conference of Asia (CCA), Maung Cho warns against research which concentrates on enlarging Western medicine cabinets. Often, when the effectiveness of plant medicines is known, their cost has soared in many Asian cities, pushing small vendors and cultivators off the market. This trend is illustrated by a cartoon from *Tambelan*, in the Philippines, which appeared after a clean-up of a medicinal herb market on the premises of the Quiapo church where Manilans had been buying herbal remedies for years. The recent revival of interest in such remedies has brought researchers to the scene, and now there is talk of possible commercial production of plant-based drugs. "But there are well-grounded fears that large-scale commercialization can also mean large-scale profits for the manufacturers," notes *Tambelan.* In Europe and the United States, "natural" medicines, like "health" foods, have become an expensive fad and herbal handbooks are best-sellers.

Tambelan, Philippines

Similarly, acupuncture has become popular far beyond Asia: the "in" treatment for the patient who can afford to try anything. Acupuncture practitioners are raising their fees accordingly and, inevitably, the unqualified are opening shop where licensing regulations are lax.

Acupressure is another Asian medical procedure which some feel is both cheaper and safer for treating simple ailments, needing nothing but a pair of healing hands. Since it can be easily taught and does not require knowing how to read or write, it is being promoted among village health workers in Nepal, India, the Philippines and Japan, sometimes under church auspices. Like other forms of Asian therapy, this remedial massage is sometimes used to prevent an illness as well as cure it. It too seeks to restore a balance between the forces *(ying* and *yan)* within the body.

The *Review of Folk Medicine*, published in the Philippines, has put out a special issue devoted to acupressure. This grew out of a demonstration given at a consultation for health workers in Manila by Dr Josephine DeRequita, a Medical Mission Sister trained in Western medicine and a recent convert to Asian systems. She practises both now. The consultation was sponsored by the Luzon Secretariat of Social Action. Dr DeRequita remarks that "the Chinese, with their long history of medicine, realized early that massage (basically an instinctive response to pain or injury) could be used not only to relieve pain, but to bring certain effects on internal organs. Accumulated experience later integrated remedial massage with acupuncture, using massage for the points and meridians of acupuncture. The close association of these two forms of therapy later gave rise to the more popular term, 'acupressure'."

The Church and Traditional Medicine

"Western", scientific medicine grew up in a largely Judeo/Christian world. But the Old Testament view of sickness and health was not too different from what we find in African cultures, for instance. Disease, suffering and calamities of various kinds were understood as the fruits of sin, while health and healing were signs of grace.

"He let loose on them His fierce anger, wrath, indignation and distress, a company of destroying angels."
– Psalm 78:49

In the New Testament, healing, teaching and preaching were parts of Jesus's mission. The four Gospels alone report 24 stories of Jesus healing the physically and mentally ill. Through the centuries, Christian theologians have preached and written about the relationship between healing and redemption, about the

Hamdard Medicus, Pakistan

Christ healing the leper. Late 15th century leaflet, Nuremberg.

churches' role in reconciling and rehabilitating fragmented human beings and restoring them to wholeness. There were monastic orders during the Middle Ages which specialized in caring for the sick and for people with handicaps, and there are shrines which still draw throngs in hopes of being healed. But healing combined with the deliberate proclaiming of the Christian Gospel — medical mission — began only in the late 18th century.

When these dedicated Christian doctors and nurses, trained in Western medicine, took their skills to Africa and Asia, among non-Christian people with very different cultures, they also took with them certain attitudes typical of 19th century colonialism, coupled with missionary zeal.

At the CMC regional consultation in Botswana in October 1979, doctors, nurses, theologians, social workers and traditional healers (mainly Africans, but including some expatriate missionaries) came together to consider the churches' role in health care in Africa. There, Nyansako ni-Nku of Cameroon recalled how "Christian missionaries taught us to believe that everything African was heathen... our Africans had to take on European names which were suddenly elevated into 'Christian' names. Our dances were proscribed, our games ignored and, in fact... the cultural life of our people was declared anathema... Mission theology then became one of domestication rather than liberation. And now, in the process of self-discovery, as Africans experience the materialistic, Western culture, they begin to wonder whether the West still has a foundation on which to participate in 'civilizing' and 'evangelizing' Africa... the unfortunate thing is that, even after two decades of selfhood and autonomy, African Christian church leaders still look at traditional healers with suspicion and mistrust, as did the missionaries."

"Do not use your zeal to convince these people that they should change their rites, their customs or their habits unless they are evidently contrary to religion and good morals."
– African Ecclesiastical Review, *1972*

As a reaction to missionary Christianity and imported political and social philosophies, indigenous churches began to spring up which were more attuned to African traditions and ways of thinking. Four reasons have been suggested to explain the failure of Protestant mission Christianity to develop a real healing theology in Africa. A monopolistic attitude was at fault, combined with a failure of genuine pastoral care. The paternalism of many missionaries is defined as a "failure of love". Their dualism, foreign to the African mind, "is in opposition to the wholistic view of man (where) the living individual was accepted and treated as a whole being and the cosmos viewed as an animate reality, always interacting with man... breaking down the walls between spiritual and medical treatment... divination and psychology, the world of dreams and the world of rational encounter."

When the medical missionaries brought their technology and their Bible into Africa, Asia and Latin America, in quest of riches and souls for Jesus, grievous wrongs were done. That's past history now. Since then, in all these regions, independent nations have emerged, conscious of their own traditions. What does this have to say to the Christian churches?

Although he speaks from his African experience, what Dr John Mbiti says may hold true in other parts of the world where traditional healing is an important part of health care. "Is it not time now," asks Dr Mbiti, "for the church in Africa to look into the possibilities of employing Christian medicine-men and diviners in the healing ministry of the church? There are neither enough pastors and priests, nor doctors and nurses, to meet the crying needs of human health and wholeness as Africans understand and expect them... Furthermore, we recognize that many medicine-men and diviners are intelligent and integrated men and women. There is no reason, therefore, why Christian medicine-men and diviners cannot be incorporated into the church's pastoral and healing ministry

where they can contribute their skills, their gifts and experience in extending Christ's work of making individuals, society and humankind whole. These traditional doctors know certain cures and approaches to people's problems which are not always known to doctors and pastors trained in accordance with Western education."

"If it has been argued that modern medical practice can be a divine instrument to liberate God's children from the oppression of disease, the same can be said of genuine traditional healing practice," observed one of the participant from Cameroon at the CMC African regional meeting in Botswana. "It is about time that the churches in Africa should start acknowledging the important role of traditional healers... With the collaboration of Christian medical doctors, the churches could embark on a meaningful dialogue with traditional healers so that, rather than regarding them as a bunch of superstitious cheats and heathens, (these healers) should come to be regarded as essential collaborators in a common effort to reduce pain and prolong life."

The World Council of Churches sponsored a consultation in Yaoundé, Cameroon, in 1978, on "The Religious Experience in Humanity's Relation with Nature". Participants came from many cultures other than the African and urged that "the beliefs and practices of sorcerers, magicians, exorcists, etc." be studied objectively and taken seriously, encouraging "members of our Christian communities to offer themselves as healers... to explore and rediscover the theological and pastoral significance of the sacramental anointing of the sick, still practised by the Orthodox Church."

At the recent CMC regional meeting in New Delhi, participants heard the testimony of representatives of the different systems of indigenous medicine practised throughout the Indian sub-continent and considered their roles in the total health care picture.

Thus, as Christian theology moves toward a better understanding of traditional, non-Christian, beliefs and attitudes to healing, Christian groups in different parts of the world have begun to investigate, use and promote elements of folk medicine within their communities. Here are some examples:

- In Fiji last year, the Pacific Conference of Churches sponsored a consultation to consider ways in which congregations can help to improve health and nutrition in the villages. Participants came from eleven island nations and shared recipes for folk remedies, among other things. The Rev. Sitivani Ratuvili of Fiji demonstrated a tried-and-true island treatment for toothache, for example. Its ingredients include one ripe eggplant, kerosene and pawpaw leaves.

- In the Philippines, two Christian organizations—the National Council of Churches' Ecumenical Health Concerns Committee (Protestant) and the Rural Missionaries (Roman Catholic)—and AKAP, a secular group, have joined forces to promote community-based health care. This is done through teams of doctors, nurses and community organizers, backed up by volunteer village health workers chosen by their communities. The three organizations work in close collaboration and hope to revive the study and utilization of indigenous Filipino healing methods. "We are interested in seeing Western and traditional medicine work together," said Dr Jaime Galvez-Tan who works with the Rural Missionaries in Mindanao, and explains how health concepts can be more easily illustrated by using traditional beliefs and terms than by scientific jargon. Dr Galvez-Tan's wife, Rebecca, is a nurse and author of *An Introduction to Acupuncture*, published this year by AKAP. The Ecumenical Health Concerns Committee has been sponsoring training courses in herbal medicine, acupuncture and acupressure for community-based health workers. Ingenious participants have even figured out how to make their own acupuncture needles out of fish wire. The Luzon Secretariat for Social Action, together with the Maryknoll Fathers, have contributed toward the publication of *Philippine Medicinal Plants in Common Use*, a handbook compiled by Michael Tan. A similar manual on herbal remedies has been published in the Ilonga dialect by the Center for Education and Research of the Convention of Philippine Baptist Churches.

- Christian women's organizations in different parts of Japan are offering courses and preparing leaflets on "front yard" herb gardens as part of a growing interest in plant-based medicine. Special attention is given to the cultivation of Japanese herbs for "health teas".

- The Asian Health Institute in central Japan,

a Christian training centre for health workers from all over southeast Asia, is making a study of herbs and other traditional healing methods used in the Philippines, Taiwan, Hong Kong, Thailand, Korea and Japan. When these have been analyzed and tested, a manual will be published in English and in national languages by the AHI of those which are simple, effective and inexpensive.

– The Council of Swedish Missions, with the assistance of the Church of Sweden, has made possible the publication of *Plantes Médicinales Congolaises*, compiled by Cecilia Markström. It was done in an effort to assist missionaries working in Africa.

– In Bangladesh, over 100 doctors signed up for two sets of 10-day courses in acupuncture which were sponsored by the Christian Conference of Asia and the National Council of Churches of Bangladesh. A number of these doctors, after completing the course, have begun to use acupuncture as part of their regular treatment, in combination with Chinese herbal medicines.

– In Ecuador, a visiting Roman Catholic priest in the Altiplano asked his congregation to tell him about local home remedies. They responded by bringing him 80 different kinds of herbs commonly used in the region for medicine purposes and he is now in the process of studying them. Church groups elsewhere in Ecuador are also conducting studies of herbal and other traditional healing methods used in their communities.

WHO photo by J. Bland

A street-vendor displays her medicinal plants in La Paz.

– In Rwanda, patients at a Seventh-Day Adventist hospital have taught the staff how to make a pain-relieving ointment using the leaves of a local tree, combined with vaseline. When the ointment is rubbed on an aching joint, for instance, it often helps more than aspirin. "It may be the warmth of the human hand that really makes the difference," suggests a staff doctor. "But we have seen that this ointment works."

– In Basel, Switzerland, a group of 80 theologians and physicians held a one-day symposium in February 1980, on "The African Medicine-Man—What Can We Learn from Him?"

– The Christian Health Association of Liberia (CHAL), a coordinating agency of church-related health institutions, joined forces with the Ministry of Health and Social Justice and with midwives of the Zorzor District to produce a manual for traditional birth attendants. It is used in village training courses and focuses on the principles of clean delivery, child care and child spacing.

– *Mirau and His Practice*, an account of the work of a Tanzanian herbalist, was published this year by the Christian Medical Commission. Dr Raimo Harjula, its author, is a Finnish theologian and anthropologist who lived for years in Tanzania.

– In Ulm, Federal Republic of Germany, the Department of Mission and Oikoumene of the Evangelical church organized a seminar this spring for Protestant and Catholic medical students. It was about medical work overseas and, among the topics discussed, were traditional medicine and the philosophy of health and disease in other cultures.

– Union Theological Seminary in New York City is planning a year-long seminar on primary health care, directed to health professionals and theologians and covering African, Asian and Western dimensions of medical care and attitudes toward healing.

Mirau and His Practice
Mirau explains the healing properties of a local leaf.

– At the CMC Caribbean regional meeting in Trinidad in 1979, participants recommended that studies be made within the West Indies on herbal and "other forms of non-occult healing practices and on local beliefs (including *Obeah*) in the light of Christianity".

The Future of Traditional Medicine

Traditions are modified as highways are built, as transistor radios proliferate even in the remotest villages, and as political and economic structures change. The tight bonds that held families and communities together are loosening in many parts of the world. What will happen to traditional medicine, which often depends on cohesiveness, as a result?

Recognizing its importance in providing health care *now* to a large part of the inhabitants of our earth, certain questions come to mind as we look ahead.

The United Nations tells us, for example, that by the year 2000, the urban fraction of the population in developing countries will increase from the present 29 per cent to 41 per cent; and by the end of this century, the world will have 60 cities each with more than 5 million inhabitants – 45 of those will be in developing countries. What will become of traditional healers in an urban society where community ties cannot help but be looser than in the villages? Doesn't the danger of charlatanism increase as neighbourliness declines? The spirits of one's ancestors are an important element in certain folk beliefs. What happens to the "living-dead" idea mentioned earlier when children grow up in cities without even knowing grandparents who have remained in the village?

"Where is the knowledge lost in information? Where is the wisdom lost in knowledge?"
– T.S. Eliot

How can certificates be issued or common standards agreed upon when many of the skills and knowledge of traditional healers are based on closely-guarded secrets?

In many societies, fertility is highly prized, historically conditioned by cultural attitudes and economic necessity. Will traditional midwives willingly give women instruction in family planning? Will the families themselves accept it and understand its value?

Much traditional healing is based on the belief that someone is to blame for causing another person's illness. While the aim of treatment is then to bring about a reconciliation between both parties, this aim may be lost and a search for vengeance triggered off. How to avoid this outcome?

As people move, by choice or necessity, into another culture, what adjustments should they, in fairness, be expected to make to the rules, beliefs and values of that culture? An exemple: when Vietnamese "boat people" were allowed to enter Australia, quarantine rules required them to abandon folk remedies and amulets they had brought with them. Since some of these articles were imbued in these people's minds with protective power, many of them actually fell ill.

Can traditional medicine survive in an industrialized country where values tend away from the communal toward the individual, toward a consumer mentality? Many traditional healers combine three functions in one: that of a medical doctor, psychiatrist/counsellor and priest. They also reaffirm their patient's identity as a member of a community, that he or she *belongs* somewhere. In Western industrialized societies, who can do this? What about people whose religious beliefs are undefined or non-existent?

Isn't there a danger in any psychotherapy if it leads us to accept conditions which are evil – like poverty, for instance? Is there not a danger of fatalism in certain aspects of folk healing? If "God is Light", how can people be required to accept darkness and superstition?

Does being a Christian dilute one's ability to practise Ayurvedic medicine, for instance, or any other form of indigenous medicine?

Traditional healers enjoy great prestige, we are told. When they are asked to cooperate with primary health care workers and with scientifically-trained medical professionals and to accept or even themselves perform some "scientific" medical interventions (vaccinations, etc.), will they feel that their prestige is being threatened? What can be done to avoid or minimize the personal frictions which change almost always brings with it?

As governments begin to set up national health services in countries where traditional healing is still an important source of medical care, will this type of treatment also be covered by health insurance?

We began with a question: "Is traditional medicine good or bad?" We have not found a clear and unequivocal answer. We have seen how traditional medicine can be dramatically effective, healing people within their own culture, according to their understanding of what makes them ill. But sometimes it is not enough by itself, and sometimes it is even harmful. Whether they approve of it or not, health professionals, especially those working within traditional cultures, know how important folk healing can be. As we learn more about other people's cultures and values, as our understanding and our humility grow, as our prejudices erode, evidence suggests that these many-stranded systems of medicine—traditional and Western-scientific—can complement each other and that they have much to learn from each other.

But cultures and values, like everything else, change, and we change with them. So perhaps we ought to end with another question: how long can traditional medicine, as we know it today, survive? ■

NOTE:

The following bibliography lists only those sources used directly in compiling this issue of CONTACT. Many of the articles cited below include their own lists of reference material. A more extensive reading list is in preparation, but will not claim to be exhaustive. Persons interested in a more complete listing of books and articles about traditional healing would do well to consult the World Health Organization, universities, regional research institutes and libraries. The names and addresses of a few but by no means all of the many such institutions in different parts of the world which are engaged in research or promotion of traditional medicine are given at the end of this bibliography.

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Healing and Wholeness of the Human Person in an African Society—the Akan of Ghana, by Kofi Appiah-Kubi.

"The Role of the Traditional Healer in Malawi and Zambia", by Dr P. Kapapa, **Moyo,** Sept. 1979, Health Extension Service, Ministry of Health, PO Box 30377, Lilongwe 3, Malawi.

Médecine Traditionelle au Zaïre et en Afrique, quarterly of Centre Spécialisé de Médecine des Guérisseurs, Institut de Recherche Scientifique, Kinshasa, Zaïre.

Report of 2nd Colloquium of CAMES (Conseil Africain et Malgache pour l'Enseignement Supérieur), Médecine Traditionelle et Pharmacopée Africaines, Ouagadougou, Haute-Volta.

"Healing in Traditional African Society", by Monsignor S.N. Ezeanya, **West African Religion,** Dept. of Religion, University of Nigeria, Nsukka, Nigeria.

"African Traditional Medicine and its Relevance for Christian Work", by Dr John Mbiti, from **So Sende Ich Euch,** ed. D. Waack et al, Evangelischer Missionsverlag, Stuttgart, 1973 (in English).

African Religions and Philosophy, by Dr John Mbiti.

"Healing and Wholeness for the Human Person in a Melanesian Society", by Dr Theodore Ahrens, from **Volkschristentum und Volksreligion im Pazifik,** with W.J. Hollenweger (in German), Otto Lembeck Verlag, Frankfurt, Federal Republic of Germany, 1977.

Traditional Medicine in Zaïre: Present and Potential Contribution to the Health Services, International Development Research Centre, PO Box 8500, Ottawa, Canada K1G 3H9.

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"Training and Utilization of Indigenous Dais in Delivery of Rural Health Services", by Dr Eric Ram and B.K. Datta, **Journal of Christian Medical Association of India,** Vol. LI, No. 5-6, May-June 1976, pp. 154-158; CMAI, Nagpur, India.

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Curriculum for Traditional Midwives, Zorzor District Midwives and Continuing Education Joint Project, Ministry of Health & Social Welfare and Christian Health Association of Liberia (CHAL), PO Box 1046, Monrovia, Liberia.

"Traditional Healing Methods for Mental Disorders", Dr T.W. Harding, **WHO Chronicle,** 31: pp. 436-440, World Health Organization, Geneva, 1975.

"Provocative Herbs", by Joseph Hanlon, **World Medicine,** Oct. 6, 1979.

"Medicine's Green Revolution". **UNESCO Courier** (special issue on herbal medicines), July 1979, UNESCO, Place de Fontenoy, 75700, Paris, France.

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"Inventory of Medicinal Plants", **WHO Chronicle,** Vol. 33, No. 2, Feb. 1979, World Health Organization, Geneva, Switzerland.

Philippine Medicinal Plants in Common Use: Their Phytochemistry & Pharmacology, a Community-Based Health Programs Handbook, by Michael Tan; Luzon Secretariat of Social Action, Quezon City, Philippines, 1978.

Review of Folk Medicine, Newsletter for Community-Based Health Programs, Luzon Secretariat of Social Action, Quezon City, Philippines.

Tambelan, Council for Primary Health Care, c/o Rural Missionaries Health Team, 2215 P. Gil, Sta.Ana, Manila, Philippines.

"Dossier", **Afrique Nouvelle,** March 21-27, 1979.

Report from Consultation on Religious Experience

in Humanity's Relation with Nature, Yaoundé, Cameroon, 1978, World Council of Churches, Geneva, Switzerland.

Primal World Views: Christian Dialogue with Traditional Thought Forms, by John B. Taylor, Daystar Press, Ibadan, Nigeria, 1976.

Report of Caribbean Regional Conference on the Churches' Role in Health and Wholeness, Trinidad, 1979; Christian Medical Commission, Geneva.

"The Churches' Healing Ministry in Africa", by Kofi Appiah Kubi, **Ecumenical Review,** World Council of Churches, Geneva, July 1975.

"Medicine—the Best of Both Worlds?", **IDRC Reports,** PO Box 8500, Ottawa K1G 3H9, Canada.

"Acupuncture", **World Health,** December 1979, World Health Organization, Geneva, Switzerland.

"Une Approche Pastorale au Problème de la Sorcellerie", by Dr Masamba ma Mpolo, **Revue du Clergé Africain**, 1971.

Report on Workshop on Traditional African Healing, Yaoundé, Cameroon, 1974; FEMEC, BP 790, Yaoundé, Cameroon.

"Rehabilitating African Traditional Medicine", Innocent Wambe, **Africa,** No. 82, June 1978.

"African Traditional Medicine", **Technical Report Series,** No. 1, World Health Organization Regional Office for Africa, Brazzaville, 1976.

"Traditional Medical Beliefs in Africa and Their Influence on the Success of Public Health Programs", Pascal J. Imperato, **Courrier** No. 4, 1978, International Children's Centre, Château de Longchamp, Bois de Boulogne, 75016 Paris, France.

Traditional Medicine: Implication for Ethno-medicine, Ethnopharmacology, Health Care Planning, Maternal and Child Health—an Annotated Bibliography in Africa, Latin American and Caribbean, Dr Ira Harrison and Sheila Cosminsky, Garland Publishing Company, New York City, NY, USA, 1976.

Traditional Birth Attendants—an Annotated Bibliography, World Health Organization, Geneva, Switzerland, 1979.

L'Aspect Juridique des Médecines des Guérisseurs, Citoyen Bayona ba Meya Muna Kimvimba, Président de la Cour Suprême, Professeur à la Faculté de Droit, Université Nationale du Zaïre, Kinshasa, Zaïre.

There are many research institutes, university departments, professional organizations and individual scholars throughout the world which are concerned with research into, and promotion of, traditional medicine. The following list makes no claim to being more than a small sampling of these. We are supplying these names and addresses for persons wishing further information about traditional healing practices in the different regions. The CMC would appreciate hearing about others with which our readers may be familiar.

Traditional Medicine Programme
World Health Organization
1211 Geneva 27, Switzerland

Asia

Asian Health Institute
c/o Hare Hospital
3-17, Wakatake-cho, Chikusa-ku
Nagoya, Japan 464

National Ecumenical Health Concerns Committee
National Council of Churches in the Philippines
PO Box 1767
Manila D-406
Philippines

Hamdard National Foundation
Hamdard Medicus
Nazimabad, Karachi 18
Pakistan

Center for Education and Research
Convention of Philippine Baptist Churches
PO Box 263, Iloilio City 5901
Philippines

Rural Missionaries of the Philippines
Apostolic Center, 2215 Pedro Gil (Herran)
Sta. Ana, Manila
Philippines

Gujarat Ayurveda University
Jamnagar, Gujarat
India

Institute of Medical Sciences
Dr. K.N. Udupa, Director
Benaras Hindu University
Varanasi 221005
India

Central Council for Research in Indian Medicine and Homeopathy
c/o Ministry of Health and Family Welfare
Government of India
New Delhi
India

Latin America

IMEPLAM
(Mexican Institute
for the Study of Medicinal Plants)
Luz Savinon 214
Mexico 12, D.F.

Prof. Otto Goetlieb
Instituto de Chimico, Ciudade Universidad
University of Sao Paulo, CP 20.780
Sao Paulo, Brazil

Rural Health Projects,
Centro de Estudios Mesoamericano
sobre Tecnología Apropriada,
8A Calle 6-06, Zona I
Guatemala City
Guatemala

Africa

Centre Spécialisé de Médecine des Guérisseurs
Institut de Recherche Scientifique
Kinshasa
République du Zaïre

Centre for Scientific Research into Plant Medicine
Mampong-Akwapim
Ghana

Faculty of Pharmacy
Prof. Sofowora
Ife University
Ife
Nigeria

Faculty of Pharmacy
Prof. A. Tella
University of Lagos
Lagos
Nigeria

Department of Pharmacology
University of Nigeria
Nsukka
Nigeria

Europe

Instituto Italo Africano
Dra. M.L. Sorge
Via Ulisse Aldrovandi 16
00197 Rome
Italy

North America

Department of Pharmacy and Pharmacology
Prof. N. Farnsworth
University of Illinois
Chicago, Illinois
USA

African Studies Center
Michigan State University
East Lansing, Michigan 48823
USA

Institute for Advanced Research in Asian Science and Medicine
Box, 31, Downstate Medical Center,
State University of New York
Brooklyn, NY 11203
USA

NEW PUBLICATIONS

Creating the Caring Congregation. Guidelines for Ministering with the Handicapped.
by Harold H. Wilke 1980 Paperback.

Dr Harold Wilke, born without arms, has served his church — the United Church of Christ in the USA — in many capacities. As an ordained minister, director of the Healing Community (an organization devoted to restoring alienated and handicapped persons to the mainstream of community life, which operates throughout and beyond the USA), as member of international commissions on rehabilitation issues and through his writings, Dr Wilke has become one of the main advocates for persons with handicaps and other marginalized groups. "Creating the Caring congregation" is the most recent of these, and is intended to help local congregations respond to the needs of persons with physical or other handicaps in their midst. It is a handbook which church leaders can use to initiate or expand their ministries with handicapped people.

Requests for this book should be addressed to the publisher:

Abingdon
201 Eighth Avenue South
Nashville, Tennesse 37202
USA

* * *

The Primary Health Worker. Working Guide, Guidelines for Training, Guidelines for Adaptation.
WHO 1980 Paperback Price: SFr 12.—

A major focus of CMC interest over the past years has been the emergence of the Primary

Health Worker as the key element in promoting community participation and self-reliance in health care as a means to achieving the goal of adequate health care for all. Appropriate training of Primary Health Workers has been a parallel concern of the CMC and the WHO. This manual, first published in 1974, revised in 1976 after field testing and then published in an experimental version in 1977, has since been in heavy demand and use. Taking into account further experience in many countries, WHO has now prepared the present revised edition.

The guide is intended for *adaptation* to conditions in different countries or communities to suit the needs of its users. It is about the problems that the Primary Health Worker may face during daily work in such areas as communicable diseases, maternal/child care, nutrition, accidents, village and home sanitation, community development and recording and reporting. It also carries a substantial section for trainers of Primary Health Workers with suggested techniques for making learning/teaching useful, relevant and effective.

Orders of this book should be addressed to your WHO Regional Office, or to:

World Health Organization
Distribution & Sales Service
CH-1211 Geneva 27
Switzerland

* * *

Environmentally Sound Small-Scale Agricultural Projects. Guidelines for Planning.
Mohonk Trust, a VITA publication. 1979
Price: $3.95 (Special Discounts for voluntary organisations)

Since "sound planning requires more than finding the right technology and a source of funds; planning involves consideration of the social, cultural, economic and natural environments in which the project occurs", this booklet was written for development planners and field workers in small-scale agricultural projects to assist them by promoting awareness of environmental concerns and by supporting their ability to design projects which are both environmentally sound and potentially more successful because of that awareness.

Simply and attractively presented, the booklet begins by linking agriculture to the environment in an introductory chapter and proceeds to provide background information for the planning of water supply and management, soil management through erosion control, nutrient and pest management projects, and concludes with a chapter on planning methodology and cost benefit analysis for small-scale projects.

Inquiries should be addressed to:

VITA
3706 Rhode Island Avenue
Mt Rainier, Maryland 20822
USA

* * *

Can Health and Nutrition Interventions Make a Difference?
by
Davidson R. Gwatkin, Janet R. Wilcox & Joe D. Wray
Monograph No. 13 1980 Paperback.
Price: $ 5.00

Recognizing that neglect of the all-important human factor by large-scale development schemes in the past was the major reason for their failure, a new understanding of development has arisen in the last decade which gave birth in 1978 to a WHO/UNICEF declaration that Primary Health Care is the key to attaining the target of "Health for All by the Year 2000", and member states were subsequently invited to formulate strategies to attain this target.

The authors of this report ask whether these strategies and the interventions based on them *will* make a difference. The evidence presented in their book points towards a positive answer. It suggests "that certain types of intervention to bring about health and nutrition improvements *can* make a substantial difference. The authors (bring together and assess) existing social and economic analyses of ten major efforts to provide health and nutrition care in the manner supported by the Alma-Ata Declaration. The report illustrates *how* the poverty circle can be broken... The ten projects described — located in different national settings in several continents — make it clear... that hard and fast rules cannot be universally applied. The reason for the success of an intervention cannot be pinned down to any single component of a strategy. What stands out, however, is that the motivation of those involved, their understanding of the social forces at work, and their emphasis on carrying out the projects with a high degree of managerial efficiency were at least as important as the substantive content of the intervention."

"The authors have shown how a *combination* of factors—the determination to solve problems, the setting of goals, the striving to reach these goals by increasing people's social awareness, and the liberation of the physical and intellectual energy of people through improvements in their health—does make an essential difference. This suggests that health *can* be a lever for social and economic development at as low a cost as between 0.5 per cent and 2 per cent of the GNP!"

Inquiries should be addressed to the publisher:

Overseas Development Council
1717 Massachusetts Avenue, N.W.
Washington, D.C. 20036
USA

CMC PUBLICATION

MIRAU AND HIS PRACTICE

by
Rev Dr Raimo Harjula

In this book, Finnish theologian and anthropologist, Dr Raimo Harjula, describes and analyzes the total ethno-medicinal repertoire of Mirau, a Tanzanian herbalist with whom he worked as an assistant over nine months, in 1973-74.

Publication of this book has been sponsored by CMC in pursuing its interest in traditional medicine, within the framework of its Study/Enquiry programme. Its expected release date is end of June 1979.

This account of Mirau's knowledge of diseases and their causes and of one hundred and thirty medicinal plants and their uses; methods of diagnosis, prescription, dosage and preparation of the remedies, is presented according to the fifty-one diseases and their one hundred and eighty-seven cures described. Pharmacological information, drawings and photos supplement the text.

Mirau and his Practice will be of interest not only to anthropologists, botanists and pharmacologists, but also to health and development workers who seek a better understanding of traditional healing practices in general, and African healing practices and cultures in particular.

This book is obtainable directly from the publisher. Enquiries should be addressed to:

TRI-MED BOOKS LIMITED
5 Tudor Cottage
Lovers Walk, Finchley
London N3 1JH / UK

or to:

Publication Office
WORLD COUNCIL OF CHURCHES
150, route de Ferney
CH-1211 Geneva 20
Switzerland.

Price: (from Tri-Med):
£ 2.50 plus 40p postage and packing.
(from WCC):
SFr. 12.50 US$ 7.25 £2.95
(postage not included)

CMC NOTES

The Liverpool School of Tropical Medicine is conducting a twelve-week course on **"Teaching Primary Health Care"**, for teachers of all categories of health personnel. The course objectives include the acquisition of the following skills: accurate assessment of the competencies of health workers, development of appropriate curricula, selection and use of teaching strategies and techniques which match educational objectives, effective use of audiovisual aids, development of evaluation and assessment procedures, and development

and organization of courses which match specific health situations.

The course is open to all members of the health team, and participants must be directly involved in the teaching and training of health personnel.

Dates: 10 April - 3 July 1981
Fees: £1,918 (tuition only)

Applications should be sent to:

Professor N.R.E. Fendall
Department of
International Community Health
LIVERPOOL SCHOOL
OF TROPICAL MEDICINE
Pembroke Place
Liverpool L3 5QA/UK

* * *

The 1981 programme of courses at the **Bossey Ecumenical Institute,** including the 29th session of the Graduate School of Ecumenical Studies, has now been finalized. The prospectus of the courses as well as detailed circulars on individual meetings and information on possibilities of financial assistance are available from the Programme Secretariat (see below).

One of the courses is being jointly sponsored with the Ecumenical Institute by the CMC: **Death and Life in Different Cultures** is the theme of this one-week course scheduled for 15-20 June, 1981. Fear of death and concern with the prolongation of life in Northern cultures; violent death as an everyday occurrence in the Southern half of our globe; the Christian witness which attempts to achieve a victory over death, not by avoiding it, but by going through it to a new life — these are some of the facets of this topic which will be explored in the course. Resurrection, new life — how can these be experienced today? Participation is invited not only from people engaged in the healing and caring professions, but also from all who are trying to combat the violence of death.

Leaders: Dr Hans Goedeking (Bossey);
Dr Stuart Kingma (WCC)

Cost for Board and Lodging:	SFr 225.—
Registration fee:	SFr 50.—
Total Cost:	SFr 275.—

Inquiries about this and the other courses of the Ecumenical Institute should be directed to:

Programme Secretariat
Ecumenical Institute
Château de Bossey
CH-1298 Céligny (Vaud)
Switzerland

* * *

An intensive four-week **International Paediatric Course** is offered by the University of Edinburgh Department of Child Life and Health, from 12 January to 6 February 1981. Intended for physicians and other health workers with paediatric experience, the programme will include revision of basic paediatric knowledge and skills, and consider services appropriate for child health on a world-wide scale. The emphasis will be on clinical care, but educational, community and health service aspects will also be considered.

Cost: £150.— (tuition only)

Applications should be addressed to:

The Postgraduate Dean
Postgraduate Board for Medicine
Pfizer Foundation
Hill Square
Edinburgh EH8 9DR/UK

* * *

Errata

We ask readers of CONTACT No. 56, June 1980, entitled "Community Organization — One of the Keys to Primary Health Care. A Case Study from the Philippines" to refer to page 9 of that issue, and to number 9 of the conclusions, which should read:

"9. Formal, structured health services, such as mobile clinics, must *not* precede the social preparation of the community and the training of community leaders and community health workers."

* * *

In the news item entitled "Improving the supply of pharmaceutical products to developing countries" which appeared on page 17 of CONTACT No. 57, we referred to MEDICUS

MUNDI INTERNATIONAL as a Roman Catholic agency concerned with the placement of health personnel in the Third World. It has been pointed out that this description might be misleading, and we therefore hasten to be more precise:

MEDICUS MUNDI INTERNATIONAL is an international professional organization of Christian inspiration open to physicians and paramedical personnel interested in the promotion of health as part of the comprehensive development of every nation, and working towards the goal of medical service for all people, and the integration of medical care in community development. This organization offers three basic services: a documentation and sociomedical information service about developing countries, a permanent personnel recruitment and support service, and coordination of available personnel with the assessed medical needs of developing countries.

We apologize sincerely for these errors.